



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: SONIA GOMEZ-EMERSON 3548 DANBURY LANE PLANO TX 75074	MFDR Tracking #: M4-11-2088-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: ZURICH AMERICAN INSURANCE CO Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Court order, WC case, out of pocket expenses"

Amount in Dispute: \$6,013.68

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Because medical dispute resolution was not sought within one year of any of the dates of service involved in the present dispute, or within sixty day [sic] of the resolution of any compensability, extent of injury, or liability disputes, the claimant did not timely seek medical dispute resolution."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
12/29/05 – 03/05/08	Out-of-Pocket expenses	N/A	\$6,013.68	\$0.00
			Total Due:	\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.270 sets out the procedures for injured employees to submit workers' compensation out of pocket expenses for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits were not submitted by either party.

Issues

- Did the requestor submit the out-of-pocket expenses in dispute timely and in accordance with 28 Tex. Admin. Code §133.307(c)(1)(A)?

Findings

- Review of the documentation submitted by the Requestor shows that the injured employee prevailed at a Benefit Contested Case Hearing on February 8, 2007 in which the carrier was ordered to pay benefits in accordance with the decision, the Workers' Compensation Act and rules. Pursuant to 28 Tex. Admin. Code §133.307(c)(1)(B) a request for medical fee dispute resolution may be filed later than one year after the dates of service if a related compensability, extent of injury, or liability dispute has been filed; the dispute shall be filed not later than 60 days after

the date of the final decision, inclusive of all appeals, on compensability, extent of injury or liability. The Requestor did not submit the disputed dates of service within 60 days after the final decision. Therefore, in accordance with 28 Tex. Admin. Code §133.307(e)(3)(E) the request for medical fee dispute resolution is untimely.

Conclusion

For the reason stated above the Division cannot review the merits of the dispute. As a result, the amount ordered is \$0.00.

PART VI: DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.